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Report of the Special Rapporteur on the human right to safe drinking water and sanitation

Note by the Secretariat

The Secretariat has the honour to transmit to the Human Rights Council the report of the Special Rapporteur on the human right to safe drinking water and sanitation, prepared pursuant to Council resolutions 16/2 and 21/2. In the report, the Special Rapporteur focuses on gender equality in the realization of the human rights to water and sanitation.

Gender equality is a fundamental human rights principle, yet inequalities between men and women, and on the basis of gender identity, are observed in all countries and often translate into unequal opportunities and grave human rights violations. The Special Rapporteur explains that a transformative approach is a prerequisite for ultimately achieving gender equality in the enjoyment of the human rights to water and sanitation. This approach requires challenging social norms, stereotypes and intra-household patterns, while also promoting gender-responsive interventions that prioritize the implementation of women's specific needs. At the same time, the Special Rapporteur indicates that tackling the material and structural determinants of gender inequalities in access to water, sanitation and hygiene could serve as an entry point to address gender inequality more broadly.

The Special Rapporteur seeks to highlight areas that need particular attention in order to prevent and respond to gender inequalities in access to water and sanitation, as well as gender-based violence and barriers to the realization of the human rights to water and sanitation.

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I. Introduction

1. Inequalities based on gender exist in every country and in all aspects of social life, and are echoed in the vast divides between men and women in their ability to access, manage and benefit from water, sanitation and hygiene. A large and growing body of studies suggests that women and men often have differentiated access, use, experiences and knowledge of water, sanitation and hygiene. Cultural, social, economic and biological differences between women and men consistently lead to unequal opportunities for women in the enjoyment of the human rights to water and sanitation, with devastating consequences for the enjoyment of other human rights and gender equality more generally.

2. Many of the challenges to achieving gender equality in access to water, sanitation and hygiene are well documented: where water is not available in the home, women and girls are primarily responsible for water and hygiene at the household level and bear the greatest burden for collecting water. Other challenges related to inequality include access to sanitation, menstrual hygiene and toilets for lesbian, gay, bisexual, transgender, intersex and gender non-conforming people and an increased risk of gender-based violence.

3. Gender inequalities are pervasive at every stage of a women's life: from infancy, through to puberty, parenthood, illness and old age. In the present report, the Special Rapporteur on the human right to safe drinking water and sanitation seeks to underscore the importance of placing a strong focus on the needs of women and girls at all times, throughout their whole lifecycle, and of not overlooking the needs of women and girls with disabilities, living in poverty or suffering from other disadvantages. Gender inequality in access to water and sanitation facilities affect a wide range of other human rights, including women and girls' rights to health, to adequate housing, to education and to food.

4. Gender-based violence infringes the right to life, personal safety and freedom of movement. Gender non-conforming people often feel that they need to sign away their freedom of expression since segregation by gender — including in public toilets, detention centres, relief camps and school — poses a risk of exclusion, humiliation and violence.

5. Socioeconomic differences and sociocultural relationships, practices and stereotypes may exacerbate gendered differences and result in discrimination in terms of the enjoyment of rights. Since the root causes of those differences are complex and context-dependent, progress towards substantive equality in access to water and sanitation requires public action on different fronts. In tackling discrimination in the human rights to water and sanitation, structural inequalities that inhibit the enjoyment of other human rights must also be addressed. In the present report it is therefore suggested that concerted efforts in meeting women's material needs, such as access to affordable menstrual products, as well as their strategic needs, such as tackling harmful gender stereotypes and structural determinants of inequalities that affect access to water, sanitation and hygiene, may serve as entry points to address gender inequalities more broadly.

6. The Special Rapporteur outlines several key points that require attention in order to achieve substantive gender equality. Gender equality and non-discrimination must be integrated in laws and policies and positive measures must be imposed to proactively remedy injustices. Progress towards gender equality in practice requires the identification of root causes of inequalities and the dismantling of structural barriers, taboos, stereotypes and social norms that prevent the equal enjoyment of rights on the basis of gender. Policies and special measures need to be adopted to tackle gender inequalities in practice and strengthen women's voice and participation. To ensure policies are implemented and progress is made, strong accountability and monitoring frameworks must be put in place.

These will only be effective if women are systematically provided with opportunities for meaningful participation, decision-making and access to and control of resources.

II. Gender equality in laws and policies

7. Non-discrimination and equality are interlinked and are fundamental principles of international human rights law. Lack of access to adequate water, sanitation and hygiene and the inability to participate in their management have in many instances, on a structural basis, left many rights out of women and girls' reach. Laws serve to give individuals a legal claim, may create social expectations and may spur public action. Legal guarantees on gender equality and non-discrimination can help to build political legitimacy to back the enforcement of women's and girls' rights to access to water, sanitation and hygiene.

8. Gender equality refers to the equal rights, responsibilities and opportunities between genders taking into consideration the different interests, needs and priorities and recognizing the diversity of different groups of women and men.[1] Gender equality means that everyone must be able to enjoy the rights to water and sanitation equally. In order to attain substantive equality, therefore, it is necessary to address the specific gendered circumstances that act as barriers to the realization of those rights for women and girls in practice. States must assess existing legislation, policies and strategies, and find out to what extent the enjoyment of the rights to water and sanitation between men and women are equally guaranteed. On the basis of that review, remedies should be provided and gender-responsive strategies should be developed that guide policymaking and the corresponding allocation of budgets. Temporary affirmative measures will in many cases be necessary.

9. Many legal constituencies, however, have laws in place that hinder the equal enjoyment of the rights to water and sanitation. In many countries, land ownership, which is a precondition for gaining access to water, is often denied to women by family laws that also make it difficult for women to inherit land. Some countries criminalize open defecation while at the same time closing down public sanitation facilities.[2] Public urination and defecation is often criminalized and laws that aim to keep cities clean may discriminate against homeless persons who have no other option but to relieve themselves in the open. Among them are many women and girls in desperate need of an adequate facility that offers privacy. Some States allow individuals to use toilets in a manner consistent with that person's chosen gender identity while other States oblige persons to use only those toilets that correspond with the biological sex listed on their birth certificate.[3] Restrictive gender recognition laws not only severely undermine transgender peoples' ability to enjoy their rights to basic services, it also prevents them from living safely, free from violence and discrimination. Water and sanitation facilities must be safe, available, accessible, affordable, socially and culturally acceptable, provide privacy and ensure dignity for all individuals, including those who are transgender and gender non-conforming.

10. Under international human rights law, States have the obligation to identify and rectify all laws that have direct or indirect discriminatory consequences on the enjoyment of the human rights to water and sanitation. The legal framework should contain provisions on non-discrimination and equality in access to water and sanitation. Such laws should aim to

[1] Mayra Gomez and Inga Winkler, "Gender equality, water governance and food security with a focus on the Near East and North Africa", final draft (2015), p. 4. On file with the author.

[2] See A/HRC/27/55, paras. 19 and 22.

[3] See, for example, bill S. 1203, introduced to the Senate of South Carolina, United States of America, on 6 April 2016.

eliminate both formal and substantive discrimination, and take into account both public and private actors.

11. Laws, policies and strategies should not inadvertently reinforce gender stereotypes but should seek to transform them.[4] It is important that policies and strategies explicitly mention the different experiences of men and women and marginalized groups, otherwise documents that may seem gender-neutral will hide important differences between genders and will in practice benefit some persons more than others with regard to water and sanitation.

III. Intersectionality and multiple forms of discrimination

12. Although women — at every economic level, all over the world — may suffer disproportionate disadvantages and discrimination, they cannot be seen as a homogenous group. Different women are situated differently and face different challenges and barriers in relationship to water, sanitation and hygiene. Gender-based inequalities are exacerbated when they are coupled with other grounds for discrimination and disadvantages. Examples include when women and girls lack adequate access to water and sanitation and at the same time suffer from poverty, live with a disability, suffer from incontinence, live in remote areas, lack security of tenure, are imprisoned or are homeless. In these cases, they will be more likely to lack access to adequate facilities, to face exclusion or to experience vulnerability and additional health risks. The effects of social factors such as caste, age, marital status, profession, sexual orientation and gender identity are compounded when they intersect with other grounds for discrimination. In some States, women sanitation workers are particularly vulnerable, as they are exposed to an extremely dirty environment and contamination, which have a far greater impact during pregnancy and menstruation. Women belonging to certain minorities, including indigenous peoples and ethnic and religious groups, may face exclusion and disadvantages on multiple grounds. Those factors are not exhaustive and may change over time.

13. In humanitarian situations, including in times of conflict or natural disaster, when water and sanitation sources are at a minimum, the specific needs of women and girls are often not taken into account.[5] It is vital to better understand and share experiences about the kinds of responses that can be deployed across the diverse range of emergencies, including the most adequate and effective adaptations and interventions.[6] It further requires an integrated approach and ongoing coordination among all sectors concerned.[7] Lesbian, gay, bisexual, transgender, intersex and gender non-conforming people face additional challenges in areas affected by disaster. A recent United Nations assessment found that, in Europe, women and girls who are refugees are vulnerable to violence and lack services that specifically meet their needs, such as private bathing and sanitation facilities.[8] Some women have reported having stopped eating or drinking to avoid going to the toilet where

[4] Office of the United Nations High Commissioner for Human Rights (OHCHR), "Gender stereotyping as a human rights violation" (October 2013).

[5] WaterAid Bangladesh, submission to the Special Rapporteur.

[6] Marni Sommer and others, "What is the scope for addressing menstrual hygiene management in complex humanitarian emergencies? A global review", *Waterlines* (to be published in 2016).

[7] Tajikistan, submission to the Special Rapporteur.

[8] European Parliament, "Reception of female refugees and asylum seekers in the EU: case study Germany" (2016), p. 13.

they felt unsafe." The reaction of Governments and others to these situations is considered inadequate and there is an emphasis on the urgent need to scale up such response efforts.[10]

14. In line with international human rights law, States should therefore use an "intersectionality lens" in all policy initiatives, to ensure that special attention is given to those persons most disadvantaged in the enjoyment of their rights.

IV. Adopting gender-responsive measures

15. Substantive equality demands policy responses that address women's material and strategic needs. Therefore, next to women's practical necessities (including, for example, for menstrual hygiene management), gender-responsive measures by the State and interventions by non-State actors should challenge customary relationships of unequal power and control, as well as stereotypes, between genders.[11] Owing to the disproportionate role that they play in domestic and caregiving responsibilities, for example, women are more affected by the absence of water, sanitation and hygiene. Meeting the material need for water, sanitation and hygiene may make it easier in many respects for women to perform the roles assigned to their gender, but it does not in and of itself lead to greater gender equality in relation to unpaid care work.

A. Redressing socioeconomic disadvantages

16. Worldwide, women perform unpaid jobs — mostly domestic and caregiving responsibilities — three times more than men do.[12] Therefore, as caregivers, women are also more affected when family members get ill as a result of inadequate water, sanitation and hygiene. Women's disproportionate share of unpaid work makes them financially dependent on others and leaves them less time for education and paid work. This again reinforces gender-assigned roles and women's financial dependence on men, including in terms of their ability to pay for water, sanitation and hygiene services. In addition, States do not value or reflect unpaid domestic and care work in economic indicators. Any governmental or civil society approach that seeks to address gender inequalities needs to question existing social norms and develop measures to encourage men to share responsibilities with women.

17. Social prejudices deny women equal opportunities in technical and managerial jobs in the water and sanitation sector and general norms work against girls and women in terms of enrolment in technical or engineering studies.[13] States can invest in reskilling and retraining women for these jobs, and stimulate increased access to higher education. Proactive recruitment efforts can reduce barriers that stop women from applying for jobs

[10] See https://www.amnesty.org/en/latest/news/2016/01/female-refugees-face-physical-assault-exploitation-and-sexual-harassment-on-their-journey-through-europe/.

[10] Office of the United Nations High Commissioner for Refugees, United Nations Population Fund and Women's Refugee Commission, "Initial assessment report: protection risks for women and girls in the European refugee and migrant crisis — Greece and the former Yugoslav Republic of Macedonia" (2016), pp. 3-10.

[11] See A/HRC/22/50, para. 42.

[12] *Human Development Report 2015: Work for Human Development* (United Nations publication, Sales No. E.15.III.B.1), p. 12.

[13] Catherine Hill, Christianne Corbett and Andresse St. Rose, *Why So Few? Women in Science, Technology, Engineering and Mathematics* (Washington, D.C., American Association of University Women, 2010), p. xiv.

they would like to do, particularly in fields where women are either underrepresented or where wage gaps persist. The presence of women in more publicly visible positions, including in politics, management and decision-making, may influence stereotyping and deeply rooted gender-assigned roles.

B. Social norms and stereotyping

18. A gender stereotype is defined as "a generalized view or preconception about attributes or characteristics that are ought to be possessed by, or the roles that are or should be performed by, women and men".[14] A gender stereotype is harmful when it limits women's and men's capacity to develop their personal abilities, pursue their careers and make choices about their lives. Gender stereotyping is wrongful when it results in violations of human rights and fundamental freedoms. States cannot dismiss stereotyping and stigma as a social phenomenon over which States have no influence; instead, they must actively combat practices that are based on harmful stereotypes of men and women, including in the private sphere.[15]

19. Compounded gender stereotypes can have a disproportionately negative impact, in particular on the enjoyment of the human rights to water and sanitation, on certain groups of women, such as women with disabilities, women from minority or indigenous groups, women from lower caste groups and women of lower economic status. They may moreover become further compounded when they intersect with other forms of stigma or taboos, like those linked to menstruation and perimenopause, incontinence or childbirth-related complications, such as obstetric fistula. The power of stereotypes, stigmas, taboos and gender-assigned roles is such that persons sometimes do not claim their legal rights for fear or because of the pressure placed on them to conform to societal expectations. These deeply entrenched issues call for approaches that go beyond formal protection in the law.

20. Practices and beliefs are different in every culture, but generally menstruation is considered to be something unclean or impure and contact between men and women during menstruation is viewed as something that should be avoided.[16] Girls and women are sometimes not allowed to use the same toilets as men or are barred from certain locations.[17] Girls all over the world grow up with the idea that menstruation is something they should hide and not speak about — an embarrassing event associated with shame. This powerful stigma and taboo surrounding menstruation translates into fear of leaking or staining clothes. Worldwide, women and girls prefer to hide the fact that they are menstruating.[18] Data collected in Senegal shows that, owing to shame, menstrual material, once washed, is mainly dried in secluded, private and dark locations, such as tiled rooms or even under pillows, instead of in direct sunlight, which would reduce the risk of infection by ensuring that pathogens do not grow.[19]

21. In many cultures, girls are considered adults after their first menstruation and may drop out of school, marry and start having children. Increased knowledge of menstruation

[14] OHCHR, "Gender stereotyping as a human rights violation" (October 2013), p. 24.

[15] See A/HRC/21/42, para. 58, and article 5 of the Convention on the Elimination of All Forms of Discrimination against Women.

[16] See www.wateraid.org/~/media/Files/Global/MHM%20files/Module1_HR.pdf.

[17] Water Supply and Sanitation Collaborative Council and the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), *Menstrual Hygiene Management, Behaviour and Practices in the Louga Region, Senegal* (2015), pp. 22-32.

[18] See europe.newsweek.com/womens-periods-menstruation-tampons-pads-449833?rm=eu.

[19] Water Supply and Sanitation Collaborative Council and UN-Women, *Menstrual Hygiene Management, Behaviour and Practices in the Louga Region, Senegal* (2015), pp. 32.

by both men and women, combined with strategies to lift social taboos on menstruation, may prevent girls from being considered as adults ready for marriage but, rather, as young adolescents going through a normal phase of their development.[20]

22. Poor menstruation management has far-reaching consequences for society as a whole and a lack of knowledge by both women and men reinforces the taboos on this topic. Education, awareness-raising and training sessions are important ways to address this problem. Moreover, it is not only girls and boys, but also teachers, government officials, community-based health workers and development staff, who must be informed on menstruation and its management. The Ministry of Drinking Water and Sanitation of India has issued menstrual hygiene management guidelines containing various approaches to creating an environment in which menstrual hygiene is considered acceptable and normal.[21] Education on menstruation should focus on girls before menarche to ensure girls are aware of what will happen to their bodies in time.

23. Bodily and hormonal changes, including menstruation, affect both boys and girls and their attitudes towards each other. Men and boys must be involved in education and empowerment initiatives, as they play a role in creating unequal power relations and harmful stereotypes. Caution must be taken to not confirm or worsen stereotypes and shame. Teachers in the Plurinational State of Bolivia have noted that simply introducing the topic of menstruation embarrassed girls and increased teasing from boys.[22] In India, the campaign "No toilet, no bride" proved to be successful in terms of men investing more in the construction of toilets, but some scholars have argued that it may have reinforced stereotypes and gender roles within marriage.[23] More evidence and evaluations are still needed on the effectiveness of initiatives for health and schooling, as is the development of country-level expertise.[24]

24. Sociocultural norms, notions of "female modesty" and masculinity and stereotypes concerning gender-assigned roles, including of women as caretakers, translate into unequal opportunities, unequal power and control over finances and resources, as well as unequal household responsibilities. Where legislation and policies reflect stigmatizing attitudes, thereby institutionalizing and formalizing stigma, they must be repealed. States may design and implement, in collaboration with civil society, awareness-raising programmes to enhance positive and non-stereotypical portrayals of women. Initiatives should aim to reveal "invisible" social norms and power relations through a context-specific gender analysis. WaterAid, for example, has undertaken qualitative research to explore how the provision of water, sanitation and hygiene services has led to positive changes in gender roles and social relations among men and women.[25]

25. The Committee on the Elimination of Discrimination against Women has recommended using innovative measures targeting the media to enhance positive and non-stereotypical portrayals of women.[26] Several attempts have been made to "break the silence" on menstruation through the use of various forms of social media. A recent *Newsweek* story highlighted the everyday struggle that women experience because of their

[20] Ibid., p. 44.

[21] India, Ministry of Drinking Water and Sanitation, *Menstrual Hygiene Management* (December 2015).

[22] Jeanne Long and others, *WASH in Schools Empowers Girls' Education in Rural Cochabamba, Bolivia: An Assessment of Menstrual Management in Schools* (New York, United Nations Children's Fund, 2012), p. 10.

[23] See https://sanitationupdates.wordpress.com/tag/no-toilet-no-bride-program/.

[24] Marni Sommer and others, "A time for global action: addressing girls' menstrual hygiene management needs in schools", 2016.

[25] WaterAid Australia, submission to the Special Rapporteur.

[26] See CEDAW/C/MNG/CO/8-9, para. 15 (a).

menstrual cycle by showing a photograph of a tampon on the cover.[27] A letter to the chief executive officer of Facebook from a student in New Delhi asking him to introduce a "on my period" button on the world's largest social network has received significant online attention.[28] Awareness-raising campaigns to inform and change the mindsets and attitudes of both men and women should be designed using all available means, including the media, at the community level and in schools, with the participation of civil society.

C. Gender-based violence and sanitation-related psychosocial stress

26. Gender-based violence can be defined as acts that "inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty".[29] It is a widespread issue rooted in power differences and structural inequality between men and women, although men and boys can also suffer gender-based violence. As the Secretary-General has pointed out: "Violence against women and girls makes its hideous imprint on every continent, country and culture".[30]

27. Women fear violence by men in public toilets and open defecation sites, and along the routes leading to both. Some women and girls looking for a place to defecate have reportedly been exposed to rude remarks, brick-throwing, stabbing and rape. Gender-based violence also occurs at places to collect water, bathe and wash clothes. Abuse of boys is reportedly a common and underrecognized phenomenon, and one that receives even less attention, as shame and cultural restrictions or taboos concerning homosexuality deters boys from reporting such abuse.[31]

28. In addition to risking physical violence, women and girls may also experience sanitation-related psychosocial stress, including fear of sexual violence. Women and girls who have limited access to sanitation facilities experience environmental barriers when they engage in water, sanitation and hygiene practices, including carrying water, managing menstruation, defecating and bathing, that contribute to that kind of stress. Examples include the fear of encountering snakes and mosquitos when walking to a defecation site, or the stress caused by social norms that view the fact of being seen by men while bathing as negative, among other issues. A better understanding of the range of causes of stress and adaptive behaviours is needed to inform context-specific, gender-sensitive water and sanitation interventions.[32]

29. The fact that in many instances women and girls risk being harassed when they relieve themselves in the open or in public facilities is partly due to the structural and systematic use of stereotypes and stigma. The promotion of awareness-raising campaigns, targeted education programmes and discussion groups, among other measures, to transform both men's and women's perceptions of gender roles is therefore encouraged. Gender-based violence must be prevented and investigated, and those responsible must be prosecuted, in order to break patterns of societal acceptance of exclusion and violence

[27] See www.vivala.com/womens-issues/newsweek-cover-period-stigma/4062.

[28] See www.indiatimes.com/news/india/this-girl-s-open-letter-to-mark-zuckerberg-asking-for-an-on-my-period-button-deserves-a-reply-252396.html.

[29] Committee on the Elimination of Discrimination against Women, general recommendation No. 19 (1992) on violence against women.

[30] See www.un.org/en/women/endviolence/pdf/pressmaterials/VAW%20Press%20Release.pdf.

[31] Louisa Gosling and others, "Nowhere to go: how a lack of safe toilets threatens to increase violence against women in slums" (WaterAid).

[32] Krushna Chandra Sahoo and others, "Sanitation-related psychosocial stress: a grounded theory study of women across the life-course in Odisha, India", *Social Science and Medicine*, vol. 139 (August 2015), pp. 80-89.

based on gender norms. Recognizing that young people may grow up to be change makers, curricula in all schools should challenge gender stereotypes and encourage critical thinking.

30. People who do not conform to a fixed idea of gender may experience violence and abuse when using gender-segregated sanitation facilities. Gender non-conforming people face harassment in or avoid gender-segregated public toilets altogether out of fear. For example, transgender girls who use the boys' toilets and transgender boys who use the girls' toilet in schools are highly vulnerable to bullying, harassment and assault by other students.[33] Research from India indicates that transgender persons face difficulties in finding rental housing and are often forced to live in remote slum areas, where access to water and sanitation facilities is poor.[34]

31. States must take all measures necessary to remove the barriers that deter people from using sanitation facilities. A concerted approach is needed against violence based on gender identity and initiatives must aim to increase respect and acceptance throughout society. A basic level of recognition of rights is needed. Too many States have laws that punish people on the basis of their sexual orientation and gender identity and expression. States should attach considerable importance to training and supporting teachers and administrators on non-violent learning environments. Malta, for example, has enacted guidelines[35] for schools to promote the learning of human diversity that is inclusive of trans, gender-variant and intersex students, promoting social awareness, acceptance and respect.[36]

D. Quality, health and safety issues

32. Levels of access to water and sanitation services affect men and women unequally. Because of their domestic roles and responsibilities, women are in greatest physical contact with contaminated water and human waste.[37] Women and girls who hold their urine for long periods of time have a higher risk of bladder and kidney infections. In addition, they tend to avoid consuming liquids to prevent having to use the toilet, as a result of which many become dehydrated.

33. Quality standards must take into account the fact that the amount of toxic substances to which a person can be safely exposed differs widely depending on the individual. Pregnant women in particular can be at higher risk of waterborne diseases from an intake of contaminated water. Standards on water, sanitation and hygiene quality must take into account the fact that women, especially when pregnant, have a lower tolerance for toxic substances.[38]

34. Soap and clean water for personal hygiene is of particular importance during menstruation. Women and girls must be able to use clean materials to absorb or collect menstrual fluid, and change them regularly and in privacy. They must have access to water and soap to wash their hands and body and facilities to dispose safely and hygienically of menstrual materials like pads, cups, cloths and tampons. Facilities must be easy to maintain

[33] Human Rights Watch, submission to the Special Rapporteur.

[34] Water Supply and Sanitation Collaborative Council and Freshwater Action Network South Asia, *Leave No One Behind: Voices of Women, Adolescent Girls, Elderly and Disabled People, and Sanitation Workers* (2016), p. 15.

[35] Neela Ghoshal and Kyle Knight, *Rights in Transition: Making Legal Recognition for Transgender People a Global Priority* (Human Rights Watch, 2016).

[36] Malta, Ministry for Education and Employment, *Trans, Gender-variant and Intersex Students in School Policy* (2015).

[37] UN-Water, "Gender, water and sanitation: a policy brief" (2006), p. 4.

[38] United States Human Rights Network and others, submission to the Special Rapporteur.

and to clean. Women and girls with disabilities face unique challenges in accessing sanitation facilities. Their ability to properly manage their hygiene may be particularly compromised and, when facilities do not provide for the space and materials they need, they are especially prone to diseases. Service providers must ensure that facilities are designed with the participation of women and girls in order to adapt them to their biological and sociocultural needs. The specific needs of women and girls must be incorporated into the design, implementation, monitoring and evaluation of sanitation facilities. Approaches must go beyond advocacy to address policies, infrastructure, maintenance systems and monitoring in order to ensure that services are adapted to the specific needs of users by, for example, taking into account their bodies, including their physical abilities, and their age. Formal independent regulators, as well as locally based participatory water and sanitation committees, should monitor whether regulations are well interpreted, implemented and effective.

35. Many women and girls risk their health using unhygienic sanitary methods, for example by using dirty rags or newspapers to collect menstrual fluids, as other methods are unaffordable, unavailable or unknown owing to stigma and taboos relating to menstruation. Although women in western countries use, on average, at least 12,000 tampons during their lifetime, there is no extensive and publicly available knowledge on the safety of tampon usage.[39] States are required to enact regulations on the safety of industrially produced menstrual products. Different women prefer different menstrual products, which include cloths and menstrual cups. Information must be provided so women can use the product they feel most comfortable with, with the knowledge and skills to manage their menses hygienically. States must further ensure affordable health care for all women and girls, including for menstrual issues and incontinence.

36. Water, sanitation and hygiene needs are critical to prevent high maternal and newborn mortality rates. In its recently adopted general comment No. 22 (2016) on the right to sexual and reproductive health, the Committee on Economic, Social and Cultural Rights notes that access to safe and potable water and adequate sanitation, as well as access to health-related education and information, are the underlying determinants to that right. Collaboration among sectors makes it possible to exchange information on how to deliver education on culturally taboo topics and to give greater priority to female-specific needs, in a manner that the water, sanitation and hygiene sector alone cannot achieve.[40]

E. Affordability

37. Affordability is of special concern to women and girls, who often have less access to financial resources than men. Women and girls need toilets for urination, defecation and menstrual hygiene management as well as for assisting younger children. Combined with women's lower access to financial resources, pay-per-use toilets with the same user fee for men and women are in practice often more expensive for women. Besides, public urinals are often free for men but not for women. To tackle this, the municipal government of Mumbai is currently constructing several toilet blocks the maintenance of which is financed through family passes instead of by charging a fee for each use. Some public toilets can be used free of charge by women and other groups that often lack access to economic resources, such as children and older people.

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[39] Susan Dudley and others, "Tampon safety", National Center for Health Research (2016). See also http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+WQ+E-2015-013116+0+DOC+XML+V0//EN.

[40] WaterAid Australia, submission to the Special Rapporteur.

38. Water cut-offs may excessively affect women as family caretakers, in particular in poor female-headed households. Human rights law prescribes that a person's inability to pay for reasons beyond their control must never result in the disconnection of services. In Colombia, the Constitutional Court has stated that female-headed households may in some cases be subjected to special protection should they not be able to pay their water bills, and must be guaranteed special tariffs and a minimum amount of free water.[41]

39. Women and girls need to have materials to manage their menstruation, which can be a particular burden for those living in poverty. The human rights to water and sanitation include the right of all to affordable, safe and hygienic menstruation materials, which should be subsidized or provided free of charge when necessary.

40. According to international human rights law, States must allocate their maximum available resources to the progressive realization of human rights, paying particular attention to the rights and needs of the most marginalized segments of the population.[42] Progressive policies and plans will be rendered worthless, however, without a proper budget. A gender analysis supports Governments in making better budget-related choices by highlighting existing gender inequalities and the impact of public expenditures on women and girls. States should promote gender mainstreaming in budgeting activities for water sanitation and hygiene, and increase women's participation in budgeting processes. Specialized units throughout government can be tasked with oversight.[43]

41. While taxes are a key source of financing for such gender responsive initiatives, they can have detrimental effects on the poorest women. Governments must therefore carefully screen the effects of different tax mechanisms. For example, while value-added taxes may appear gender-neutral, they may disproportionately affect those living in poverty. Certainly, applying value-added tax to menstrual hygiene products disproportionately affects women and girls.

42. External assistance from non-governmental organizations, development agencies or the private sector should comply with human rights and may include measures to eliminate gender inequalities in access. States should include such needs into their official financial plans to ensure that they comply with the regulatory and policy framework developed to decrease gender inequalities.

F. Availability and accessibility

1. Household- and community-level access

43. Private facilities in or close to the home provide for privacy and safety, which is particularly relevant for women and girls, particularly the eldest, those living with disabilities and those who are pregnant or menstruating. Moreover, it is estimated that one in four women over the age of 35 experiences incontinence and that women disproportionately suffer from a lack of adequate and private facilities.[44] Having a water supply on the premises reduces the time spent on fetching water, cleaning the household and caring for family members. It eliminates the need for transportation and the risk of unsafe storage, reducing the risk of health problems such as musculoskeletal disorders and

[41] See www.corteconstitucional.gov.co/relatoria/2011/T-740-11.htm.

[42] Committee on Economic, Social and Cultural Rights, general comment No. 3 (1990) on the nature of States parties' obligations.

[43] Nigeria, Federal Ministry of Water Resources, submission to the Special Rapporteur, p. 5.

[44] Benedicte Hafskjold and others, "Incompetent at incontinence: why are we ignoring the needs of incontinence sufferers?", *Waterlines*, vol. 35, No. 3 (to be published in July 2016).

water-related diseases. States must prioritize water and sanitation provision to households not yet served and, in particular, those households where women and girls have the least adequate alternatives.

44. Where it is not yet possible to have access to services on site, it is important to scale up the construction of safe and nearby community toilets. As mentioned above, there is a multitude of psychosocial stress factors that women face owing to unsafe, inadequate or absent sanitation facilities. To reduce the risk of women and girls experiencing violence, building codes for community water and sanitation facilities should include gender considerations such as sex-segregated cubicles, closeness to the house and lighted pathways to and at facilities. The location should also make it possible for a concierge to be present and monitor the surroundings.[45] It is important to note, however, that building safer latrines in or close to households does not eliminate the risk of gender-based violence, as the measure does not address the root causes of violence. As outlined by the Water Supply and Sanitation Collaborative Council, adequate sanitation without attention to gendered relations of power puts the burden of safety on women and does not address gender-based patterns of violence against women, which require a far more structural approach.[46] Building safer facilities may sometimes, however, take away a burden for women and girls to visit public toilets that provide for privacy and safety. In this context, WaterAid has developed a toolkit for practitioners.[47]

2. Extra-household access

45. Human rights law requires that sanitation facilities be reliably accessible to satisfy all needs throughout the day and the night, and meet the needs of their users. A lack of adequate facilities in public spaces often leads women and girls to avoid the public and both work and school life, particularly during menstruation, when they live with disabilities or suffer from incontinence.

46. Worldwide, there are more possibilities for men than for women to relieve themselves outside the house. Examples include the plenty free-to-use urinals for men in the capital of the Netherlands.[48] In India, public facilities for men outnumber those for women by up to 42 per cent.[49] The construction of public urinals to tackle open urination by men is relatively easy, as such urinals do not need to have doors and locks, have no seat to turn up, generally use less water and are therefore a relatively cheaper solution. States must set targets to scale up adequate public sanitation facilities for women and girls.

47. Human rights law requires that a sufficient number of sanitation facilities be available with associated services to ensure that waiting times are not unreasonably long. Many public facilities have an identical number of stalls for men and women, although in practice women and girls often have to wait in long lines to use the toilet, while men have much quicker access. The clothes women tend to wear and have to take off using the toilet require more time than for men, and women spend time assisting children using the toilet.

[45] Aqual ed and others and Germany, Federal Foreign Office, submissions to the Special Rapporteur.

[46] Water Supply and Sanitation Collaborative Council, "Sanitation vulnerabilities, women's stresses and struggles for violence-free sanitation", briefing note No. 2 (2015).

[47] See http://violence-wash.lboro.ac.uk/.

[48] See www.joostdevree.nl/bouwkunde2/jpgs/straatmeubilair_21_brochure_krullen_in_amsterdam_urinoirs_www_cornelissenamsterdam_nl.pdf.

[49] Miriam Hartmann and others, "Gender-responsive sanitation solutions in urban India", (RTI Press 2015).

Some States have adopted legislation in which equality requires a ratio of two women's cubicles for every cubicle provided for men.[50]

48. Standards in regulations and building codes should include special needs for women and girls, and must be developed for schools, hospitals, the workplace, market places, places of detention and public transport hubs and public institutions, among other places. Standards should consider general menstrual hygiene needs, but also who the users are likely to be. Standards must subsequently be implemented, put in practice and accordingly be enforced at all levels. Everyone should be able to use the toilet corresponding to the person's gender identity and States must pay attention to the special needs of more vulnerable persons, including those with disabilities and the elderly.

49. The sanitation and menstrual hygiene needs of homeless women and girls are almost universally unmet and the needs of that group are rarely reflected in water and sanitation policies. Human rights law demands that States place a particular focus on the needs of the most marginalized; hence, States should ensure that homeless women and girls have access to facilities.

50. States must also ensure that schools have the necessary infrastructure for girls and female teachers to manage their menstruation. Some Governments provide menstrual hygiene products for free to girls in public schools.[51] It is important that such products also be provided for free in informal schools, as the students in those schools are among the least able to afford them. Facilities must furthermore be acceptable to all users, and students should be able to freely use the toilet with which they feel most comfortable.

51. Pregnant women and women that have recently given birth and are still recovering from complications arising from labour are particularly vulnerable to the risk of infection related to a lack of safe water, sanitation and hygiene.[52] The Special Rapporteur's recent country visit to Tajikistan revealed the absence of a running water supply and adequate sanitation facilities in hospitals in the country.[53] In addition, the Special Rappporteur testified, during his visit to Botswana, that a clinic situated in an area facing serious drought was still going through a procurement process to buy a water tank.[54] In such critical places, where the most vulnerable persons are treated, measures must be upheld in contingency plans and implemented in advance. States must prioritize the provision to health centres of adequate water, hygiene and sanitation facilities, with the necessary budget allocations.

52. Adequate water and sanitation services, including menstrual hygiene facilities, must be accessible in the workplace, without hindrance, for all employees, in a manner that corresponds with their gender identity. The Special Rapporteur has noted that there is an urgent need to recognize and address the currently neglected lack of facilities that allow for adequate sanitation and menstrual hygiene management for women and girls in the workplace. Women and girls risk their health or miss out on workdays when such facilities are lacking. For example, 60 per cent of all women working in sub-Saharan Africa and South Asia work in the agriculture sector and their workplace often does not include facilities that would allow them to manage their sanitation and menstruation, or those

[50] See, for example, the "potty parity laws" in the United States mentioned in "Having to go: halting stations for women" (12 April 2012), available from http://womenshistorynetwork.org/blog/?p=1140.

[51] For example, the Kenya Environmental Sanitation and Hygiene Policy 2016-2030, pp. 39-40 http://reliefweb.int/sites/reliefweb.int/files/resources/Briefing%20Note%203.pdf (accessed 14-7-2016).

[52] A/HRC/33/49/Add.2.

[53] A/HRC/33/49/Add.3.

facilities are located far away from the place of work.[55] Regulations often do not apply to women working in the informal sector, and women working in public spaces such as markets often have no access to facilities altogether. In the manufacturing industry and in dense urban areas, women and girls sometimes work in overcrowded spaces where privacy is limited and sanitation facilities and spaces are inadequate to manage their menstruation.

53. Employment codes and standards that explicitly require the inclusion of facilities for menstrual hygiene management in the workplace are currently limited or do not exist. Such regulations must be developed, promoted and enforced and must serve to hold businesses and Governments to account. It is important that Governments determine these responsibilities within their administrative structures, so they can be held to account. In addition, private companies and employers have a responsibility to prioritize this issue and take action. Trade unions too have the potential to encourage good practices and support workers' rights in this area.

G. Participation and empowerment

54. Participation is not only a right in itself, but also imperative for fulfilling other rights. Participation encompasses women's power to influence decisions, to voice their needs, to make individual choices and to control their own lives. The lack of water, sanitation and hygiene facilities that meet women's and girls' needs can be largely attributed to the absence of women's participation in decision-making and planning.

55. Water, sanitation and hygiene policies and laws must proactively and deliberately enable the active, free and meaningful participation of women at all stages of planning, decision-making, monitoring and evaluation. As a principle, the participation of women must be fully integrated in both the legislative and the executive branches of government, and in initiatives by implementing entities, such as non-governmental organizations and service providers. Participation must take place at the micro, meso and macro levels. This includes community-level initiatives, as well as initiatives and decision-making at the national, regional and international levels.

56. At the national level, legal protections must be formulated to ensure the active participation of key stakeholders, including women and marginalized groups, in the formulation and implementation of policies. Governments must put in place mechanisms to involve women in the formulation of regulations and policies on water and sanitation and in decisions related to financing and budgeting, to influence the focus of monetary investments.

57. Although the pivotal role of women as providers and users of water, as well as the need to equip and empower women to participate at all levels in water resources programmes, has long been recognized, it is mostly men who manage and control the water services, resources, wastewater and solid waste industries at all levels.[56] The integration of women into these types of jobs can contribute to gender mainstreaming throughout the sector and to services being managed from the perspective of women. Women's participation in the sector can be encouraged by developing policies and strategies, including on education, with defined targets and timelines. As a good example, in the National Drinking Water Policy of Pakistan it is outlined that special efforts will be made to recruit and induct women in water supply-related institutions and other relevant agencies to

[55] Marni Sommer and others, "Managing menstruation in the workplace: an overlooked issue in low- and middle-income countries", *International Journal for Equity in Health*, vol. 15, No. 86 (2016).

[56] Finland, Italy, Lithuania, Nigeria, Tajikistan, State of Palestine, Aqual ed. and Public Services International, submissions to the Special Rapporteur.

ensure that the needs of women are adequately addressed in the design, operation and maintenance of water supply systems.[57] Aquafed and the Women for Water Partnership have reported that they are working together with companies and water associations to develop employment policies that aim to increase the representation of women in their staff and to remove prejudices against female employees.[58]

58. Women's and girls' voices are indispensable to ensuring that their needs are understood and prioritized, including on material and privacy requirements for menstrual hygiene management. In many cases, they are not consulted about the placement of water points and sanitation facilities, nor do they participate in designing the type of facility best suited to their needs or easiest for them to use, even though women and girls most often use these facilities and are primarily responsible for maintaining them. Including women and girls in making decisions about the design and location of facilities is even more relevant for those who have special needs because of a disability or their age or because they are pregnant, live in remote areas or are homeless, for example. Trans or gender non-conforming users of planned facilities must be given opportunities to participate. Some may find it useful to have access to a gender-neutral facility, while in other communities it may be acceptable for persons to simply use the toilet they feel most comfortable with.

59. Attempts to ensure women's participation through laws or regulations, however, may not correspond to local customary norms and their implementation subsequently fails. Customary norms reflect cultural gender hierarchies and power relations within a community and may have a much bigger influence in practice.[59] This means that even when women participate, their actual influence on the governance of water and sanitation may still be very limited. States and development initiatives must actively identify, acknowledge and remove barriers to meaningful participation. The right to information is inextricably related to participation, since women are often not aware that they can participate. Education on how to be part of a participatory process and how to voice needs is indispensable. The non-governmental organization Armenian Women for Health and Healthy Environment organizes seminars, workshops, training sessions and projects to develop women's leadership skills, for example.[60]

60. Women are sometimes unable to participate in meetings because of cultural norms against women speaking on their own behalf or cannot talk about sanitation and menstrual hygiene management needs because of taboos or social norms. For example, a recent study on Myanmar revealed that leadership and politics were strongly associated with masculinity, which is why women who do attend meetings rarely speak up.[61] A gender analysis lowers the risk of excluding women if special measures are taken accordingly, for example through specially targeted consultations such as women-only spaces. In carefully determining the location and meeting times and arranging transport, child care and translators, other barriers may be overcome. Any initiative that seeks to ensure the participation of women must also include a component of empowerment, including in economic terms, and address gender stereotypes.

[57] Pakistan, National Drinking Water Policy (September 2009). Available from http://epd.punjab.gov.pk/system/files/National_Drinking_Water_Policy.pdf.

[58] Aquafed and others, submission to the Special Rapporteur.

[59] Anne Hellum, Ingunn Ikdahl and Patricia Kameri-Mbote, "Turning the tide: engendering the human right to water", in *Water is Life: Women's Human Rights in National and Local Water Governance in Southern and Eastern Africa*, Anne Hellum and others, eds. (Harare, Weaver Press, 2015), p. 68.

[60] Women for Water Partnership and UN-Women, *Women as Agents of Change in Water: Reflections on Experiences from the Field* (Driebergen, De Hoop and Koonig, 2015), pp. 28-29.

[61] Jasmine Burnley and others, "A case for gender-responsive budgeting in Myanmar", Oxfam Briefing Papers (Oxfam, ActionAid, Care and Women's Organisations' Network, 2016), p. 6.

61. Marginalized women and girls (including those with disabilities, those who are elderly, uneducated or impoverished, and sex workers) face additional barriers to participation. It is therefore important to consider who participates, since participation is often extended only to certain women, in other words the wealthiest, more educated and those who are relatively privileged owing to their caste or religion.

62. Civil society groups can play a role in empowering women to claim their rights. It is moreover important for marginalized groups, including for example women and gender non-conforming people, to be able to unite, to express themselves, to be heard and to gain respect and recognition. Governments and donors should therefore invest in interest groups at all levels and support their effective participation at all stages of decision-making and planning, including in budgetary processes.

H. Accountability

63. Accountability refers to the relationship of duty bearers towards rights holders, as the latter are affected by the decisions and actions of the former. It demands that individuals and groups have access to courts and other mechanisms and that remedies be provided. Accountability mechanisms also determine which aspects of a gender-sensitive policy or service are functioning well or need to be adjusted. Monitoring is essential to track progress and assess whether the State is meeting its goals and targets.

1. Monitoring compliance and access to justice

64. States must monitor the extent to which they and third parties comply with the legal content of the human rights to water and sanitation and of human rights principles. States must monitor decision-making processes and policy implementation, including on national and local budgets, to track whether they serve to close existing gender-based inequalities. The effectiveness of review and monitoring requires the allocation of sufficient resources, transparency of government and State bodies that are independent of government interference. It requires that those in positions of authority have clearly defined duties and performance standards, enabling their actions to be assessed transparently and objectively.[62] Courts, national human rights institutions, non-governmental organizations, independent regulators and ombudspersons play an important role in identifying and addressing gender inequalities in the enjoyment of the rights to water and sanitation and must be supported by the State in doing so. Social movements play an important role in holding the State to account as they can press public officials into being more answerable and request reasoned justifications for actions and decisions. For example, thousands of women in slum areas in Nairobi affected by a lack of toilets and bathing facilities signed a petition asking the Ministry of Health to conduct a public inquiry in informal settlements, and succeeded.[63]

65. Persons must be made aware of the human rights to water and sanitation and the enforceability of those rights. Women must be able to hold the State to account regarding its obligations to provide adequate sanitation facilities in, for example, public spaces like market places and transport hubs. Impunity for perpetrators of gender-based violence must be eliminated and remedies must be provided. The Committee on the Elimination of Discrimination against Women has recommended that all cases of violence and

[62] OHCHR, *Who Will Be Accountable? Human Rights and the Post-2015 Development Agenda* (New York and Geneva, 2013), p. 10.

[63] See https://toopressed2wait.wordpress.com/2014/08/21/city-slum-women-petition-government-on-sanitation/.

discrimination against women be brought under the jurisdiction of a criminal court rather than be settled through mediation.

66. The ability to claim rights in front of the courts is important for changing social and cultural attitudes. The courts play a role in condemning practices that reinforce gender stereotypes and can require the State or third parties to adopt measures to address them. Recently, a group of students asked the Supreme Court of India whether menstruation could be a criterion for denying women of a certain age the right to enter a temple and worship in it.[64] The Supreme Court addressed the following questions to the administration of the Sabarimala temple: "If men can go till a point (near the temple) without undertaking austere activities, why can't women go? … Are you associating menstruation with impurity? You are making a classification. Can a biological phenomenon be a reason for discrimination? All practices are acceptable till there is no distinction between genders."[65]

2. Monitoring progress on the equal enjoyment of the human rights to water and sanitation

67. Human rights-based monitoring can be built on a framework of structural, process and outcome indicators that serve to monitor not only the commitments made by a State but also the State's ongoing efforts and whether progress is being made to achieve targets on gender equality. Useful examples of indicators to monitor gender equality in access to water, sanitation and hygiene can be found in the OHCHR framework on indicators[66] and by the World Health Organization-United Nations Children's Fund Joint Monitoring Programme Task Force on monitoring inequalities. Indicators on menstrual hygiene facilities, for example, could be used to track gender equality and help to break related taboos.

68. It is of crucial importance to monitor, in a rights- and gender-sensitive manner, progress towards achieving the Sustainable Development Goals, and to make sure that national and local mechanisms track compliance with and progress made to realize the rights to water and sanitation, including in terms of gender equality. Gender equality is central to the Goals (see Goal 5) and is reflected in several targets, including target 6.2. Gender equality in access to water, sanitation and hygiene will have a positive impact on other goals and targets, including those on ending poverty (Goal 1), on promoting decent work and economic growth (Goal 8), on reducing inequality (Goal 10) and on making cities and human settlements inclusive and sustainable (Goal 11). Since gender inequalities are so profound in water and sanitation and, at the same time, manifest themselves in all human rights and throughout the entire development agenda, a comprehensive approach would allow for using similar indicators and information collected through the monitoring of different human rights and development targets.

69. Filling the existing data gap should be a priority in order to support gender-sensitive indicators. Systems need to be developed to improve the collection of data disaggregated by sex and other relevant factors, which are necessary to assess the impact and effectiveness of policies and programmes that aim to mainstream gender equality and enhance women's enjoyment of their human rights. Also, the collection process must take into account stereotypes and social and cultural factors that may induce gender bias in the data and be

[64] See www.thehindu.com/news/national/sabarimala-temple-entry-ban-can-menstruation-be-a-factor-asks-supreme-court/article8472787.ece.

[65] See www.firstpost.com/india/sabarimala-supreme-court-women-entry-trupti-desai-2748036.html.

[66] See www.ohchr.org/Documents/Publications/Human_rights_indicators_en.pdf and A/HRC/27/55, annex.

more inclusive, transparent and grounded in legally binding international human rights commitments. OHCHR has developed a guidance note on data and disaggregation.[67]

70. The rapid development of technology has made it possible to leverage data from new sources. There is a great opportunity to connect official statistics to citizen-generated data. States must therefore support the crucial role played by civil society, women's organizations in particular. In addition to developing innovative ways of collecting data, civil society also brings qualitative value in analysing and interpreting results to make sure that gaps in monitoring are detected and that gender-specific needs are taken into account.

71. Under the framework of the Millennium Development Goals, data disaggregated by gender was not reported in a standardized fashion. There is not much data available on intra-household inequalities in terms of access to and use of sanitation and menstrual hygiene facilities or in terms of intersecting factors such as disability and age. The household cannot be considered as a homogeneous unit: its members have different roles, opinions and experiences. Finding ways to monitor intra-household inequalities may be pivotal in order to reveal gender inequalities and root causes of inequality that often remain invisible in household-level analyses. There might be a stark divide in terms of perspectives in household monitoring. A household member could respond differently to a household survey depending on whether that person is a man or a woman or has a disability.

72. In addition, it would be important to monitor how gender inequalities, including among lesbian, gay, bisexual, transgender, intersex and gender non-conforming persons, manifest themselves in extra-household settings, including in facilities in public institutions. This would reveal gender inequalities in the realm of many other human rights, since a lack of access to facilities outside the home severely impedes women and girls from attending school and participating in work, among other opportunities.

73. A project on gender-sensitive water monitoring, assessment and reporting that included several toolkits was initiated in the context of the World Water Assessment Programme.[68] The toolkits show the difficulties inherent in using quantitative methods to capture the nuances of gendered power relations and the socioeconomic processes that create or sustain gender inequalities in access to water and sanitation. They also underscore that some women may attend meetings because regulations on participation tell them to do so but that cultural norms may keep them from speaking up or being listened to. It may therefore be useful to integrate quantitative data with qualitative methods, for meaning and interpretation. On the basis of the findings of qualitative surveys, other quantitative indicators can be developed to fill the gap left by previous indicators. Counting the number of heads at meetings may then be accompanied with indicators that include the number of contributions made in meetings by women and men and the percentage of decisions on water and sanitation adopted on the basis of those contributions.

74. A recent study underscored that gender-differentiated patterns are not the same everywhere and reinforced the importance of context for understanding the gender dimensions of access and experience.[69] The quantity and quality of sex-disaggregated data at the micro level are considered to be better than those of data at the global level. It is therefore important that measuring progress in the rights to water and sanitation and gender equality is not based on global monitoring and on the use of quantitative data only. Context-specific studies and monitoring that capture the intersection of gender inequalities

[67] See www.ohchr.org/Documents/Issues/HRIndicators/GuidanceNoteonApproachtoData.pdf.

[68] See www.unesco.org/new/en/natural-sciences/environment/water/wwap/indicators.

[69] Leila Harris and others, "Intersections of gender and water: comparative approaches to everyday gendered negotiations of water access in underserved areas of Accra, Ghana, and Cape Town, South Africa", *Journal of Gender Studies* (2016), p. 13.

in the enjoyment of other human rights are key to understanding and developing improved policy responses.

V. Conclusions and recommendations

75. **Safe, adequate and affordable access to water, sanitation and hygiene, as well as the promotion of women's empowerment, can serve as an entry point to ensure that women and girls can enjoy their right to have and make choices, their right to have access to opportunities and resources, and their right to control their own lives, both inside and outside the home. Gender equality in respect of the human rights to water and sanitation will not only empower women individually but will also help women overcome poverty and empower their children, families and communities.**

76. **Likewise, structural gender inequalities have an inevitable impact on the enjoyment of the rights to water and sanitation. Any approach to overcoming gender inequalities in respect of the rights to water and sanitation must therefore address women's strategic needs, including the eradication of harmful gender stereotypes, alongside interventions that focus on the implementation of women's material needs, such as adequate menstrual hygiene facilities. Although such a transformative approach that challenges social norms, stereotypes and intra-household patterns may take time, it is required in order to ultimately achieve gender equality in the enjoyment of the rights to water and sanitation.**

77. **In line with the above, the Special Rapporteur recommends that States:**

(a) **Identify, repeal and reform all laws that have both direct and indirect discriminatory consequences with regard to the equal enjoyment of the human rights to water and sanitation, as well as with regard to gender-based violence;**

(b) **Go beyond enacting formal provisions and implement targeted policies and budgets, among other measures, in order to tackle structural gender inequalities for the enjoyment of the rights to water and sanitation;**

(c) **Make a legitimate effort to prevent and combat the root causes of gender inequalities, including the impacts of social norms, stereotypes, roles and taboos with regard to both women and men, through public campaigns, education and the media, among other measures;**

(d) **Create an enabling environment for women and girls to safely use water and sanitation facilities. Discrimination and violence based on gender identity must be prevented, investigated and remedied, and those responsible must be prosecuted;**

(e) **Promote gender equality, through intersectional policies, considering that gender-based inequalities related to water and sanitation are exacerbated when they are coupled with other grounds of discrimination and disadvantages;**

(f) **Increase collaboration between entities operating in the water, sanitation and hygiene sector and those operating in other sectors, including the health sector, to address gender inequalities and culturally taboo topics more effectively and in a comprehensive manner;**

(g) **Apply a gender analysis and increase women's participation in the formulation of government budgets to water, sanitation and hygiene;**

(h) **Ensure that regulations require that the specific needs of women and girls are incorporated into the design, implementation, monitoring and evaluation of water and sanitation facilities, taking into consideration the special needs of women**

and girls made more vulnerable by disability and age. Regulators should monitor whether such regulations are well interpreted, implemented and effective;

(i) Ensure the gender-responsive water, sanitation and hygiene facilities are available in schools, hospitals, the workplace, market places, places of detention and public spaces like public transport hubs and public institutions, among other places. Laws and regulations must be developed, promoted and enforced and must serve to hold Governments and non-State actors to account;

(j) Develop water, sanitation and hygiene approaches, programmes and policies that proactively and deliberately enable the meaningful participation of women at all stages of planning, decision-making, implementation, monitoring and evaluation. States and development partners must identify, acknowledge and remove barriers to participation in decision-making in respect of water, sanitation and hygiene initiatives and ensure that women are aware of their ability to participate;

(k) Develop a gender indicator system to improve the collection of data disaggregated by sex and other relevant factors, which are necessary to assess the impact and effectiveness of policies aimed at mainstreaming gender equality and enhancing women's enjoyment of their human rights to water and sanitation;

(l) Monitor intra-household inequalities and the way in which inequalities based on gender become manifest in extra-household settings, including in facilities in public institutions;

(m) Ensure that comprehensive data is collected on access to water, sanitation and hygiene management in respect of women and girls belonging to marginalized groups and living in marginalized areas, and support civil society in collecting data and in analysing, interpreting and monitoring results;

(n) Complement quantitative data on water, sanitation and hygiene with qualitative methods, to improve understanding and interpretation of gender-related issues and to inform and validate survey methods and techniques.

78. In addition, the Special Rapporteur recommends that development cooperation entities ensure that external assistance from non-governmental organizations, development agencies and the private sector comply with human rights standards and include measures to eliminate gender inequalities in access.